

UNITED STATES BANKRUPTCY COURT

Central DISTRICT OF California

Voluntary Petition

Name of Debtor (If Individual, enter Last, First, Middle):

HEALTH SOURCE MEDICAL GROUP, INC.

Name of Joint Debtor (Spouse) (Last, First, Middle):

All Other Names used by the Debtor in the last 6 years
(include married, maiden, and trade names):

All Other Names used by the Joint Debtor in the last 6 years
(include married, maiden, and trade names):

Soc. Sec./Tax I.D. No. (if more than one, state all):

95-4019629

Soc. Sec./Tax I.D. No. (if more than one, state all):

Street Address of Debtor (No. & Street, City, State, & Zip Code):

150 N. Robertson Blvd., Suite 350N
Los Angeles, CA 90211

Attn: David Frisch, M.D.

Street Address of Joint Debtor (No. & Street, City, State, & Zip Code):

County of Residence or of the
Principal Place of Business: Los Angeles County

County of Residence or of the
Principal Place of Business:

Mailing Address of Debtor (if different from street address):

N/A

Mailing Address of Joint Debtor (if different from street address):

Location of Principal Assets of Business Debtor
(if different from street address above):

Venue (Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ This petition is being filed by a corporation or partnership under chapter 11 and the debtor acknowledges that a Venue Disclosure Form is required to be filed by General Order 97-02.

Type of Debtor (Check all boxes that apply)

- ☐ Individual(s) ☐ Railroad
- ☒ Corporation ☐ Stockbroker
- ☐ Partnership ☐ Commodity Broker
- ☐ Other: _____

Chapter or Section of Bankruptcy Code Under Which
the Petition is Filed (Check one box)

- ☐ Chapter 7 ☒ Chapter 11 ☐ Chapter 13
- ☐ Chapter 9 ☐ Chapter 12
- ☐ Sec. 304 - Case Ancillary to foreign proceeding

Nature of Debts (Check one box)

- ☐ Consumer/Non-Business ☒ Business

Filing Fee (Check one box)

- ☒ Full Filing Fee attached
- ☐ Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.

Chapter 11 Small Business (Check all boxes that apply)

- ☐ Debtor is a small business as defined in 11 U.S.C. § 101
- ☐ Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)

Statistical/Administrative Information (Estimates only)

- ☒ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

THIS SPACE FOR COURT USE ONLY

11/07/2000 **FILED** 15:53

LA00-41289SB

DEBTOR:

HEALTH SOURCE MEDICAL GROUP IN

JUDGE: HON. S. Bufford - 359

TRUSTEE: CH: 11 (INCOMPLETE)

341A MTG:

ADR:

Estimated Number of Creditors

1-15	16-49	50-99	100-199	200-999	1000-o
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Estimated Assets

\$0-\$50,000	\$50,001-\$100,000	\$100,001-\$500,000	\$500,001-\$1 million	\$1,000,001-\$10 million	\$10,000,001-\$50 million	\$50,000,001-\$100 million	More tha
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Debts

\$0-\$50,000	\$50,001-\$100,000	\$100,001-\$500,000	\$500,001-\$1 million	\$1,000,001-\$10 million	\$10,000,001-\$50 million	\$50,000,001-\$100 million	More tha
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLERK, U.S. BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIF. ID: 716
RECEIPT NO: LA-043215 \$ 830.00

Voluntary Petition

Name of Debtor(s):

FORM B1,
Page 2

HEALTH SOURCE MEDICAL GROUP, INC.

(This page must be completed and filed in every case)

Location

Where Filed: NONE

Case Number:

N/A

Date Filed:

N/A

Name of Debtor:

NONE

Case Number:

N/A

Date Filed:

N/A

District:

N/A

Relationship:

N/A

Judge:

N/A

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

☒

Signature of Debtor

☒

Signature of Joint Debtor

Telephone and Fax Number (If not represented by attorney)

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

☒ David Frisch
Signature of Authorized Individual☒ David Frisch

Printed Name of Authorized Individual

President/Chairman of the Board

Title of Authorized Individual

November 7, 2000

Date

Signature of Attorney☒

Signature of Attorney for Debtor(s)

Samuel R. Maizel, Esq.

Printed Name of Attorney for Debtor(s)

Pachulski, Stang, Ziehl, Young & Jones
Firm Name10100 Santa Monica Blvd.

Address

Suite 1100

Los Angeles, California 90067-4100P: 310-277-6910 F: (310) 201-0760

Telephone and Fax Number

11/07/00

Date

189301

Bar Number

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed or Typed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

Exhibit "A"

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit "B"**

(To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

☒

Signature of Attorney for Debtor(s)

Date

☒

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.